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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number		09/069,703 Conf.#: 3665
	Filing Date		April 29, 1998
	First Named Inventor		Gilles H. TAPOLSKY
	Title	PHARMACEUTICAL CARRIER DEVICE SUITABLE FOR DELIVERY OF PHARMACEUTICAL COMPOUNDS TO MUCOSAL SURFACES	
	Art Unit	1616	
	Examiner Name	Abigail FISHER	
Attorney Docket No.		BSZ-092CPRCE2	

I hereby revoke all previous powers of attorney given in the above-identified application.

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☒ Practitioners associated with the Customer Number: 00959

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Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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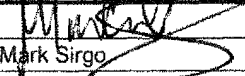
Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	JUNE 27, 2008
Name	Mark Sirgo	Telephone	919-582-9050
Title and Company	President & CEO, Arius Two, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300 at MS Post Issue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: June 30, 2008

Signature: /Danielle L. Herritt/ (Danielle L. Herritt)